									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												•	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
T	OTAL CLAIMS	S	1					RATE	FEE	7	RATE	FEE	1
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OR	BASIC FEE	770.00	1	
TO	OTAL CHARGE	ABLE CLAIMS	2 minus 20=		· 3			XS 9-	.	OR	V010		1~
iNi	DEPENDENT (	CLAIMS	/ minus 3 =		. 9		,	X43=		7	Yas		0.70655
MI	ULTIPLE DEPE	NDENT CLAIM P	RESENT					-				-	7
s Maha difference in polymer 5 in local than 2000 in and 1990 in a								+145=		OR	+290=	<u></u>	e
• If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	38	<b>∐</b> OR	TOTAL	<u> </u>	U
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LENTITY	OR	OTHER SMALL		45
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	1-
	Total	. 66	Minus	- 20	)	= 46		X\$ 9=	140	40R	X\$18=		
N.	Independent	. 6	Minus	3		<i>- 3</i>		X43€	<del></del>	X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1/24.	700			
								+145=		OR	+290=	·	
					•			ADDIT. FE	€ 1546	<b>JOH</b>	TOTAL ADDIT. FEE		٠
		(Column 1)	1	(Colun		(Column 3)							
AMENDMENT B	68-06	REMAINING AFTER AMENOMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<i>\</i>	RATE	ADDI- TIONAL FEE	
	Total	.66	Minus	- 6	4	. 0		X\$ 9=	V	OR	X\$18=		
	Independent	.6	Minus	***	6	-		.X43=/		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1/1-	1		.000.		
	•				•		I	+1/45=		OR	+290=		
								DOIT FEE		JOR .	ADDIT. FEE		
_		(Column 1)	•	(Colum		(Column 3)	/						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PRSVIO PAID F	ER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ş	Total	•	Minus	**		<b>-</b>	Ī	X\$ 9=		OR	X\$18=		•
9	Independent	•	Minus	***		•	1	X43=	<del>                                     </del>	1. 1	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		· ŀ	ATU#		OR	~ <del>~~</del>		
• #	I the entry in each	mn 1 is less than th	o entre la set	ma 9 wake 4	, . M* de end		L	+145=		OR	+290=		
- 1	the Highest Nu	mber Previously Pa	ld For IN THE	S SPACE IS	less that	20, enter "20."	A	TOTAL DOIT. FEE		OR ,	TOTAL LODIT, FEE		
1	ne Highest Nun	mber Previously Pai ther Previously Paid	in ror in THE For (Total or	independer	reas the rt) is the	n 3, erner "3." highest number	foul	nd in the ap	opropriate bo			1	•

FORM PTO-875 (Rev. 10/03)